



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 9946

<b>SERIAL NUMBER</b> 09/707,766	<b>FILING DATE</b> 11/08/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> P-2769-US6	
<b>APPLICANTS</b> Mitchell S. Steiner, Germantown, TN; Sharan Raghov, Collierville, TN;					
<b>** CONTINUING DATA *****</b> bc					
<b>** FOREIGN APPLICATIONS *****</b> bc					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 01/31/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>bc</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> EITAN, PEARL, LATZER & COHEN ZEDEK, LLP. 10 ROCKEFELLER PLAZA SUITE 1001 NEW YORK, NY 10020					
<b>TITLE</b> Method for chemoprevention of prostate cancer					
<b>FILING FEE RECEIVED</b> 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



## UNITED STATES PATENT AND TRADEMARK OFFICE

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## APPLICANTS

Mitchell S. Steiner, Germantown, TN ;  
Sharan Raghow, Collierville, TN ;

## \*\* CONTINUING DATA \*\*\*\*\*

BP CIP 09/531,472 3/20/2000 6,913,533

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 01/31/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TN	SHEETS DRAWING 6	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>BS</i>				

## ADDRESS

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## TITLE

Method for chemoprevention of prostate cancer

<b>FILING FEE RECEIVED</b> 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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